



Village Christian Academy

ATHLETIC PARTICIPATION FORM

STUDENT _____ GRADE _____

ADDRESS _____

CITY _____ ZIP _____

FATHER _____ MOTHER _____

E-MAIL _____ E-MAIL _____

HOME PHONE _____ HOME PHONE _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

EMERGENCY CONTACTS _____ PHONE _____

_____ PHONE _____

_____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

ADDRESS _____

Consent and Release from Liability

I/we acknowledge that athletic participation is a privilege. I/we acknowledge the numerous risks involved in athletic participation including but not limited to serious injury, even possible death, and I/we chose to accept and assume such risks. I/we release and hold harmless Village Christian Academy of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against Village Christian Academy because of any accident or mishap involving my/our athletic participation. I further authorize emergency medical treatment should the need arise while under the supervision of the school.

Student Signature

Parental Signature

MEDICAL TREATMENT – Should medical treatment be required, _____

Has the following physical/medical limitations, including allergies and prohibited medicine:

INSURANCE COMPANY _____ POLICY # _____